

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 204
477

Registered No. _____

1. PLACE OF BIRTH

County Gila

State Arizona

District or Township _____

Village _____

City Miami

No. 521

St. Gibson St

St. _____

Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Teresa Hernandez

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

6. Legitimate? _____

7. Date
of birth

Oct. 31-1928.
Month Day Year

5. No., in order of birth _____

yes

8.

FATHER

Full name Salvador Hernandez

9. Residence

(Usual place of abode)

Miami,

If non-resident, give place and state.

Arizona.

10. Color or race

Mex.

11. Age at last birthday 29 (Years)

12. Birthplace (city or place)

Sonora,

(State or country)

Mex.

13. Occupation

Nature of industry

Miner

14.

MOTHER

Full maiden name Manuela Borquez

15. Residence

(Usual place of abode)

Miami,

If non-resident, give place and state.

Arizona.

16. Color or race

Mex.

17. Age at last birthday 19 (Years)

18. Birthplace (city or place)

Sonora,

(State or country)

Mex.

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother 2

(Taken as of time of birth of child herein
certified and including this child).

(a) Born alive and now living 1

(b) Born alive but now dead 1

(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 9 P. m. on the date above stated.

(Born alive or stillborn)

Signature Byril M. Brown M.D.

Physician

(Physician or midwife).

Given name added from
a supplemental report _____

Address Miami, Arizona.

Month, day, year _____

Filed Dec 2, 19 28

Registrar. _____

Registrar. L. E. Long

389-1031-429